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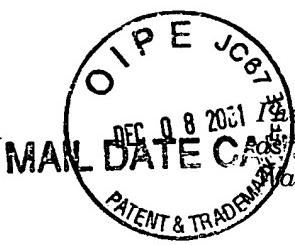
BOX AF

AP/267
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

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MAIL DATE CARD
PATENT & TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner of Patents and Trademarks, Technology Center 2600, Washington, D.C. 20231 on January 4, 2001.

Daryl A. Alm

Signature



Applicant : James J. Leftwich
Application No. : 09/060,343
Filed : April 14, 1998
Title : MULTIPLE DATABASE USER-CHOICE-COMPILED PROGRAM AND EVENT GUIDE
Grp./Div. : 2611
Examiner : N. Vu
Docket No. : 32563/WWM/S787

Assistant Commissioner for Patents
Washington, D.C. 20231

Post Office Box 7068
Pasadena, CA 91109-7068
January 4, 2001

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED											
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE					
Total Claims Fee	27	* 23	4	x \$9.00	4 x \$18.00	72.00					
Independent Claims	4	** 4	0	x \$40.00	0 x \$80.00	0					
Multiple Dependent Claims ***				\$135.00	\$270.00						
TOTAL FILING FEE						\$72.00					
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"										
LIST INDEPENDENT CLAIMS: 1, 9, 17, 20											
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"											

- Attached is our check for \$72.00 to pay the fees calculated above.
 A Petition for Extension of Time and the required fee are enclosed.
 Other enclosures: Letter to Correct Filing Receipt; Return postcard, and Current Claims

**Amendment Transmittal Letter
Application No. 09/060,343**

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By



Wesley W. Monroe
Reg. No. 39,778
626/795-9900

WWM/daa
DAA PAS295021.1-* 1/4/01 2:57 PM



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RECEIPT #15
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : James J. Leftwich
Application No. : 09/060,343
Filed : April 14, 1998
Title : MULTIPLE DATABASE, USER-CHOICE-COMPILED
PROGRAM AND EVENT GUIDE

Grp./Div. : 2611
Examiner : N. Vu
Docket No. : 32563/WWM/S787

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MAR 27 2001
Technology Center 2600

LETTER TO CORRECT FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination's
Customer Service Center
Washington, D.C. 20231

P.O. Box 7068
Pasadena, CA 91109-7068
January 4, 2001

Commissioner:

When proofing the Filing Receipt for the above-identified application, we located the following error:

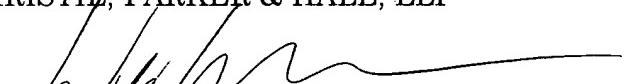
In the Applicants, please delete "Jim Leftwich" and replace with --James J. Leftwich-- as indicated in the enclosed Filing Receipt.

Please forward a Corrected Filing Receipt to the undersigned.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By


Wesley W. Monroe
Reg. No. 39,778
(626) 795-9900

WWM/daa is the designated recipient of the original filing receipt. Please do not file this document with the patent office.
Enclosure: Copy of Filing Receipt

DAA PAS295024.1-* 1/4/01 2:58 PM

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UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

① LTR
② MP

FILING RECEIPT

JUL 25 1998

CORRECTED

Christie, Parker & Hale, LLP

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/060,343	04/14/98	2711	\$920.00	14774-82-1	6	4	1

CHRISTIE PARKER & HALE
PO BOX 7068
PASADENA CA 91109-7068

S787:
32563
CASE # ACTION
REMINDER DUE DATE
DEADLINE



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s) JAMES J. LEFTWICH
JIM LEFTWICH, PALO ALTO, CA.

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MAR 27 2001

CONTINUING DATA AS CLAIMED BY APPLICANT-

PROVISIONAL APPLICATION NO. 60/043,248 04/16/97 Technology Center 2600

FOREIGN FILING LICENSE GRANTED 05/12/98

TITLE

MULTIPLE DATABASE, USER-CHOICE-COMPILED PROGRAM AND EVENT GUIDE

PRELIMINARY CLASS: 348

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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/060,343	FILING DATE 04/14/1998 RULE -	CLASS 345	GROUP ART UNIT 2711	ATTORNEY DOCKET NO. 14774-82-1
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APPLICANTS

JAMES J. LEFTWICH, PALO ALTO, CA ;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/043,248 04/16/1997

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED ** 05/12/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

CHRISTIE PARKER & HALE
 PO BOX 7068
 PASADENA , CA 911097068

TITLE

MULTIPLE DATABASE, USER-CHOICE-COMPILED PROGRAM AND EVENT GUIDE

FILING FEE RECEIVED 1330	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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